#### LOIS CAPPS 23rd District, California

1707 LONGWORTH HOUSE OFFICE BUILDING WASHINGTON, DC 20515-0522 (202) 225-3601

COMMITTEE ON ENERGY AND COMMERCE

COMMITTEE ON THE BUDGET



# Congress of the United States **Bouse of Representatives**

DISTRICT OFFICES:

1411 MARSH STREET, SUITE 205
SAN LUIS OBISPO, CA 93401
(805) 546–8348

1216 STATE STREET, SUITE 403
SANTA BARBARA, CA 93101
(805) 730–1710

141 SOUTH A STREET, SUITE 204

**OXNARD, CA 93030** 

(805) 385-3440

### Congressional Nomination to a United States Service Academy Requirements

#### Please submit the following:

- 1. **Completed Application Form-** This form is provided by my office or you can download it from my website: www.house.gov/capps
- 2. SAT/ACT test scores
- 3. Resume
- 4. High School Transcripts
- 5. **Two (2) Letters of Recommendation** One of these should be from a teacher in an academic subject who knows you well. The second should be from an adult who knows you in outside activities.
- 6. **Recommendation by Guidance Counselor/Principal** This form, provided by my office or on the website, is to be taken to your counselor or principal, filled out and sent directly to us. <u>You should not send this form</u> to my office; the counselor or principal needs to send it.
- 7. **Essay** This is an optional but recommend essay on why you would like to attend the academy.
- 8. Photo

THE DEADLINE FOR SUBMITTING DOCUMENTATION IS NOVEMBER 17, 2006

### APPLICATION FOR A CONGRESSIONAL NOMINATION TO A UNITED STATES SERVICE ACADEMY

## IT IS MY DESIRE TO ATTEND THE UNITED STATES: (Please rank numerically if more than one)

	MILITARY A NAVAL ACA AIR FORCE A MERCHANT	DEMY
FULL NAME:First	Middle	Last
PERMANENT ADDRESS:		
TEMPORARY ADDRESS:		
TELEPHONE:	DATE OR BIRTH:	PLACE:
SOCIAL SECURITY NUMBER	t:	
FATHER'S NAME:	OCCUPATION:	DAYTIME PHONE:
MOTHER'S NAME:	OCCUPATION:	DAYTIME PHONE:
AGE OF SIBLINGS (if any):		
NAME OF HIGH SCHOOL:	_	COUNSELOR:
HIGH SCHOOL PHONE:	YEA	AR OF GRADUATION:
GPA: RANK IN CL	ASS: OF	STUDENTS
NAME OF COLLEGE (if attended):		NUMBER OF YEARS:
PREVIOUS MILITARY SERVICE (	if any):	
PLEASE LIST ALL EXTRA-CURR	ICULAR ACTIVITIES (inc	licate grade levels for each activity):

<u>Sport</u>	Grade level	Level (varsity?)	Position Awards/Honors
		<u></u>	
IE VOITARE EMPLO	VED HOW MANY H	OURS PER WEEK: After S	School: Summer:
I TOO MILE LIMI LO	120, 110 11 1111111 11	OORS I ER WEEK. MICH	Summer.
PLEASE CHECK	NOE AND COMPI	LETE:	
I HAVE TAKE	N THE FOLLOWING	TEST ON THE DATES IN	DICATED
SAT			
ACT			
MY SCORE F	FOR THESE TESTS A	RE: SAT Verbal	Math
		Writing	
		ACT	
I HAVE NOT T	AKEN THE REQUIRI		TAKE THE SAT/ACT ON: (circle one) (date)
PLEASE LIST OTHE	R SOURCES THRO	UGH WHICH YOU ARE	SEEKING A NOMINATION:
PLEASE READ BEI	FORE SIGNING:		
am a legal resident of	the 23 <sup>rd</sup> Congressiona	l District of California. If I	in the nomination process. I certify that have not submitted all necessary data yen final consideration for a nomination
Signature:			Date:

### **COUNSELOR/PRINCIPAL RECOMMENDATION FORM**

This form MUST BE COMPLETED BY EITHER THE HIGH SCHOOL PRINCIPAL OR HIGH SCHOOL GUIDANCE COUNSELOR for the candidate for Congressional Nomination to one of the United States Military Service Academies. This form is to be returned directly by the Principal or Counselor to:

THE OFFICE OF CONGRESSWOMAN LOIS CAPPS ATTN: KARIN QUIMBY 1216 STATE STREET, SUITE 403, SANTA BARBARA, CA 93101.

This form must be received by November 17, 2006.

First NAME OF SCHOOL:	Middle	Last	***************************************
ADDRESS OF SCHOOL: _			
APPLICANT'S YEAR IN S	SCHOOL:	CLASS RANK:(Please no percentile rankings)	GPA:
LEADERSHIP CHARACT	ERISTICS:	(Please no percentile rankings)	
ABILITY TO WORK UND			
ABILITY TO GET ALONG	WITH OTHER	S:	
GENERAL COMMENTS a	nd/or RECOMM	ENDATION:	
SIGNATURE:		DATE:	***
TITLE:			